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CONFIRMATION NO. 5240

Bib Data Sheet

|                             |  |              |                        |                                   |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/677,604 | FILING OR 371(c)<br>DATE<br>10/03/2000<br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2141 | ATTORNEY<br>DOCKET NO.<br>OPE-113 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 12/12/2000**

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | IL               | 7              | 39           | 6                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |                |              |                    |

**ADDRESS**

28970

**TITLE**

SYSTEM AND METHOD FOR MANAGING COMPLIANCE WITH SERVICE LEVEL AGREEMENTS

|                            |   |   |
|----------------------------|---|---|
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